


FILE NOW: FILING FEE IS \$61.25

FILED

May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # 730765 (5)
 1. Corporation Name
**THE METHODIST CHURCH DISTRICT BOARD OF MISSIONS
 AND CHURCH EXTENSION OF SARASOTA DISTRICT, INC.**



Principal Place of Business 3342 PINE VALLEY DR SARASOTA FL 34232-7060 US	Mailing Address PO BOX 31060 SARASOTA FL 34232-7060 US
---------------------------------------------------------------------------------------------	--------------------------------------------------------------------------

3. Date Incorporated or Qualified 09/20/1974	
4. FEI Number 59-1692550	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 34239 Country	2a. Mailing Address 2a Suite, Apt. #, etc. 27 City & State 28 Zip 34278 Country
-----------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------

9. Name and Address of Current Registered Agent
**DAVID G BOWMAN
 1700 CUNLIFF LANE
 SARASOTA FL 34239**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____


12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	GREEN, JOHN H	
STREET ADDRESS	3342 PINE VALLEY DR	
CITY-ST-ZIP	SARASOTA, FL 00000 34239	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MCCLELLAND, LLOYD C.	
STREET ADDRESS	803 OJAH AVE	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PETERSON, KEENE	
STREET ADDRESS	421 WOOD DUCK DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Douglas S. Pareti	
1.3 STREET ADDRESS	7215 1st Ave West	
1.4 CITY-ST-ZIP	Bradenton, Fl 34209	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	J. Mike Hartenstein	
2.3 STREET ADDRESS	1579 Eastbrook Dr	
2.4 CITY-ST-ZIP	Sarasota, Fl 34231	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	John H. Ingram	
3.3 STREET ADDRESS	401 Bayview	
3.4 CITY-ST-ZIP	Nokomis, Fl 34275	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **John H. Green**  Date: **2/25/98** Daytime Phone #: **941-924-3044**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)